

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

April 28, 2025

[REDACTED]
CHRIST'S HOME
[REDACTED]

RE: CHRIST'S HOME RETIREMENT
COMMUNITY
1 SHEPHERD'S WAY, SUITE 100
WARMINSTER, PA, 18974
LICENSE/COC#: 13996

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/13/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CHRIST'S HOME RETIREMENT COMMUNITY License #: 13996 License Expiration: 01/17/2026
 Address: 1 SHEPHERD'S WAY, SUITE 100, WARMINSTER, PA 18974
 County: BUCKS Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: CHRIST'S HOME
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 08/07/2013 Issued By: Township of Warminster

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 37 Waking Staff: 28

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 03/13/2025

Inspection Dates and Department Representative

03/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 32
 Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Unit Capacity: 12 Residents Served: 5
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 32
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

03/13/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/12/2025

04/17/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/17/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/27/2025

Inspections / Reviews *(continued)*

04/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED], at 7:30am, staff member A observed resident [REDACTED] hands swollen from a distance. Staff member A reported to the charge nurse, and an investigation was completed. Resident [REDACTED] who resides in the memory care unit, when interviewed, stated that someone had pinched the resident but was not able to tell who had done it. Staff member B worked the overnight on [REDACTED], and did not report any injuries on the progress notes or task report. On [REDACTED], progress notes were updated by staff member B to report that resident [REDACTED] was agitated and was trying to hit staff member B with the walker. On [REDACTED] at 8:30 am, this incident was reported to staff person C. The home did not develop and implement a plan of supervision or suspend staff person B.

Plan of Correction

Accept ([REDACTED] - 04/17/2025)

Disclaimer: This plan of correction does not necessitate an agreement with the cited violations but is completed as per regulatory requirement.

1. On 3/3/2025 The Personal Care Administrator reported the alleged abuse immediately via verbal report to The Bucks AAA & DHS as per regulation.
2. On 3/3/2025 The Personal Care Administrator immediately started an investigation which included: a full skin assessment and resident interview, staff interviews and witness statement collection, and verbal report to the resident's PCP and daughter/POA.
3. On 3/3/2025 the residents PCP ordered X-rays of the Left knee & Bilateral Hands to ensure no serious injury had occurred. On 3/3/2025 the X-rays resulted negative for fracture or other serious injury.
4. On 3/3/2025 The Personal Care Administrator submitted the final written report for the abuse allegation to DHS.
5. On 3/4/2025 The resident was seen by the in-house psych provider for review of increased behaviors and medication management. At this visit the Psych Nurse Practitioner determined the resident was cognitively impaired, unable to make [REDACTED] needs known, and unable to make informed decisions for herself. [REDACTED] also shared [REDACTED] did not observe any signs or symptoms of abuse, neglect, or exploitation.
6. On 3/4/2025 The Bucks County Area Agency on Aging completed their site visit and review of the abuse allegation. The Social Worker reviewed the case and interviewed the resident. After [REDACTED] visit [REDACTED] did not share any concerns of abuse, neglect, or exploitation.
7. Although the resident was unable to name anyone as the alleged abuser, Christ's Home did not implement a plan of supervision or suspension. Staff Member B did not work with the resident again until after Bucks AAA determined there were no findings on 3/6/2025 11a-7p.
8. In the event of a future allegation of abuse of a resident by a staff person, the Administrator or designee will immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident. Should a cognitively impaired resident be unable provide a name, description, or shift of occurrence the Personal Care Home Administrator will review all witness statements and investigation materials to determine staff involvement and if appropriate place the staff member on administrative leave, or implement a plan of supervision immediately following the incident as the investigation commenced.

Licensee's Proposed Overall Completion Date: 04/07/2025

Implemented ([REDACTED] - 04/28/2025)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2024.

Plan of Correction

Accept [REDACTED] - 04/17/2025)

Disclaimer: This plan of correction does not necessitate an agreement with the cited violations but is completed as per regulatory requirement

1. On 3/13/2025 immediately following the inspection the Personal Care Administrator completed a review of each staff members 2025 assigned training classes to ensure the appropriate topics were assigned per regulation.
2. On 3/13/2025 The Personal Care Administrator assigned two additional Relias Learning classes to those already assigned in the 2025 Staff Training Plan entitled: Managing Medications in ALFs: Helping with Self-Administration & Following Plans of Care.
3. On 3/13/2025 The Personal Care Administrator reviewed the required regulations and training per regulation with the Staff Educator to ensure all 65f training topics are included in future Direct Care Staff training plans.
4. On 3/20/2025 The Personal Care Administrator has scheduled additional electronic training for all current staff to cover topics missed in the 2024 training plan. These sessions will be sent electronically on April 7, 2025, April 14, 2025, and April 21, 2025. The trainings will include medication self-administration, prescreen assessment, and resident support plan and assessments. SEE ATTACHED: Additional Training 1, Additional Training 2, Additional Training 3.

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented [REDACTED] - 04/28/2025)